Hand in Hand

Real stories • Real advice

Issue 36

Christine

> “Floating in silence, we raised over £2,000 for bowel cancer awareness.”

Christine’s story

INSIDE:

- Yusuf's Stoma Journey: Bravery Beyond His Years
- Living Unboxed by Becca Ross
- Celebrating our Trust Pilot Score

SecuriCare

Dear Reader,

It is an honour to welcome you to the 36th edition of Hand in Hand. With the weather improving (but variable), my hope is that you can read this whilst relaxing in the garden with a tea or coffee at hand.

I joined SecuriCare over 19 years ago now and have seen many changes over the years, but I am proud that we have consistently curated your magazine throughout this time. I hope you enjoy this one as much as I did.

Back in 2006, SecuriCare were awarded the National Customer Service Team of the Year in the Pharmaceutical and Healthcare category. I am immensely proud of the fact that we continue to provide first class service to you whether it be through our Patient Services team, Clinical Services or our Warehouse team. In 2025, this is reflected in the best way possible; through your opinions of experiencing our service. This beats any award in my book. We now have over 1,000 reviews on Trustpilot – find out more about our TrustScore inside.

Also in this edition, Becca shares her inspiring story. Becca's journey includes overcoming the difficulties of having her leg amputated, managing her mental health, and living with a stoma. A story that I have no doubt will resonate with you.

In addition, I am thrilled to highlight Christine's incredible tandem parachute jump in aid of bowel cancer awareness. At an astonishing 13,000 feet, Christine bravely leapt into the sky, raising over £2,000 for this important cause. Her daring feat not only showcases her adventurous spirit but also her dedication to making a difference in the lives of those affected by bowel cancer. I hope Christine's story inspires you as much as it has inspired me.

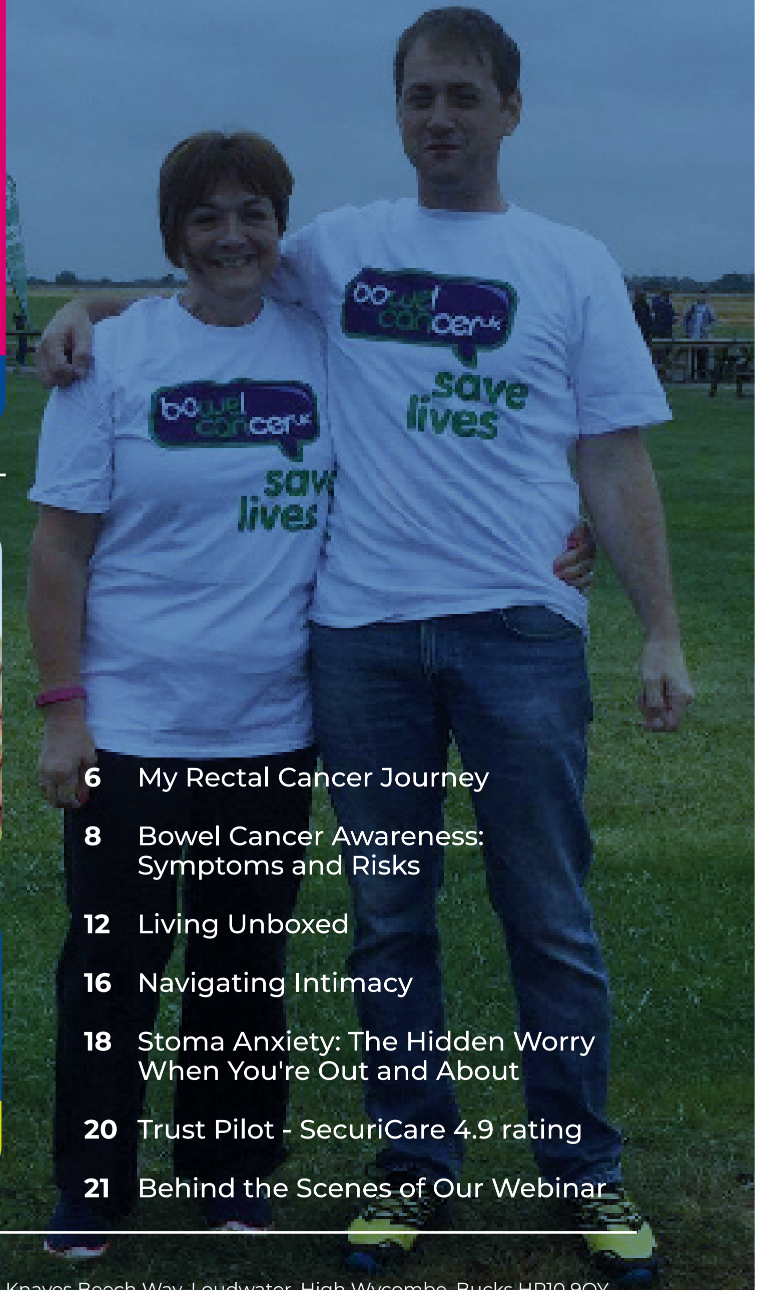
Finally, thank you for reading. Any feedback or ideas for future issues will be warmly received. Please feel free to contact us at editor@securicaremedical.co.uk

Enjoy your reading and, fingers crossed, the sun.

Stuart

Stuart Short, Operations Director for SecuriCare (Medical) Ltd and CliniMed Ltd

Contents



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T: 01628 850100 **E:** editor@securicaremedical.co.uk

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Thank you to everyone who has contributed to this issue.

Yusuf's Stoma Journey: *Bravery Beyond His Years*

At just nine years old, Yusuf has already faced more medical challenges than most people encounter in a lifetime. His journey with a stoma has been marked by bravery, resilience, and incredible progress towards independence.

This story highlights the importance of teamwork between families, schools, and medical professionals in creating an environment where children with stomas can thrive. With the right support, every child can feel confident, capable, and ready to take on the world.

For families navigating similar challenges, this family's message is clear: "With support, preparation, and a bit of bravery, anything is possible."

Yusuf's Journey with Stomas

Yusuf's stoma story began when he was a newborn, requiring one for eight months due to a fistula— A fistula is a connection between two parts of your body that don't normally connect - in Yusuf's case it was a rare abnormal connection between his rectum and urethra. Although he doesn't remember those early days, photos helped him understand what he went through as a baby. Yusuf needed the stoma due to having imperforate rectum (the absence of an rectum opening) and also the fistula between his rectum and urethra.

Eight years later, Yusuf developed another fistula, a rare recurrence that required stoma surgery again. "It was shocking to have to go through it again," recalls his mum, Sara. "But this time, he was old enough to understand what was happening, which made it very different."

Preparing for Surgery

When Yusuf learned about the need for surgery, he had mixed feelings. "I wanted it because I knew it would help my problems, but I was nervous about the operation," he shares. Adding to the challenge, he contracted COVID-19 just before the surgery, meaning his mum couldn't be with him when he was put under anaesthetic "That was a bit traumatic for him," Sara admits.

Despite this, the care team at John Radcliffe Hospital worked hard to prepare Yusuf for what was ahead. A specialist nurse explained what the stoma would look like, where the bag would be, and how it would function. "She even showed him a Buttony Bear book, which really helped make it relatable," Sara explains. This preparation helped Yusuf understand what was happening and reduced the shock of seeing the stoma after surgery.

Yusuf occasionally experiences anxiety, particularly about surgeries mum Sara explains. Knowing details about upcoming procedures helps reduce his anxiety, as he prefers to be informed and prepared. He has developed coping mechanisms like running, flipping, and squeezing a stress ball when feeling anxious or in pain. Speaking with us also helps him.

Sarah Brown, a SecuriCare Healthcare Support Worker, gave Yusuf a special worry poo key ring, that was hand-knitted by a family member of our patient services team. This thoughtful gift was designed to help him on those days when he felt more anxious.

Recovery and Adjustment

Waking up with a stoma was tough for Yusuf. "At the beginning, it hurt bad," he says. The recovery period lasted around 8–10 weeks, as the swelling subsided and stitches began to dissolve, Yusuf quickly adapted. Now, he's proud of how independent he's become. "I'm used to it now, and I can take the stoma bag off by myself," he says.

Sara confirms that while she assists with bag changes, Yusuf has taken the lead in his care. "In the beginning, he was scared to touch or clean it, but within a couple of months, he was confident and capable," she says.

His parents switch between medical terms like "stoma" or "colostomy" and Yusuf also named the bag Jay (a name he likes) making the condition approachable while maintaining accuracy. Yusuf enjoys being part of the conversation about his health, which fosters understanding and empowerment. Sara emphasises the importance of transparency and communication to reduce surprises and build trust.

Back to School with Confidence

Returning to school after any medical procedure can be daunting, especially for a young child with a stoma. After his recovery, he was eager to rejoin his classmates. To ease the transition, a stoma nurse suggested a bold idea: talking to his class about his experience. Initially unsure, Yusuf decided to address his peers, accompanied by his parents, on the first day of school.

Standing in front of the class, he explained what had happened during the summer, how he'd come to have a stoma, and what it meant for him in the school year ahead. He shared that he might need extra time off or support and reassured his friends that he was still the same active and fun-loving classmate they knew. Most of his classmates were curious and kind, offering help and showing care in small but meaningful ways. "There were a few unkind comments," Sara admits, "but the majority of kids were really supportive and understanding."

The school staff went above and beyond to ensure his comfort and safety. Six teachers and teaching assistants were trained by a nurse to help with changing and emptying his stoma bag if needed. This training gave both Yusuf and his family peace of mind, knowing he was in capable hands throughout the day.

Sharing his experience in the classroom not only empowered Yusuf but also broke down barriers and built awareness among his peers. Sara shares, "We were worried about him feeling self-conscious or being in pain, but talking about it openly made a huge difference. He didn't feel like he had to hide anything."

A Community of Care

Yusufs family credits much of their success to the incredible support they received from stoma care nurses, who guided them through the process and provided practical tips to manage life with a stoma. The school's willingness to learn and adapt also played a key role in ensuring he could participate in all activities, from football practice to school trips. "His confidence has grown so much," Sara says. "The stoma hasn't stopped him from doing anything—he's enjoying life just like before." He plays for the local under-9 football team and attends both training and matches. He also participates in PE at school, after-school clubs, and swimming sessions. Activities like climbing are more challenging because of the risk of the stoma bag getting dislodged and the strain on the stoma area. Yusuf initially faced issues with leaks due to the double stoma and larger bag size but resolved them using extra seals and protection.

Challenges and Social Perception

Stomas in children are uncommon and often associated with older adults, leading to some initial confusion and adjustment for the family. Despite Sara's knowledge of healthcare and scientific background, she found herself learning a lot about colostomies and stomas as part of the process. The colostomy has significantly improved Yusufs quality of life by reducing infections and pain, even though the underlying condition remains complex.

Looking Ahead

The stoma is temporary, with plans to reverse it once Yusuf's fistula is fully treated. Until then, Yusuf's remarkable resilience is helping him live an active and happy life. "He's been so brave," Sara says. "He's tackled every challenge head-on and come out stronger."

Yusuf's story is a powerful reminder that with the right support and preparation, children can face even the most daunting medical challenges with courage.

My Rectal Cancer Journey

By Christine

Hello, my name is Chris. I'm married with two children and have 10 grandchildren. I'm now retired and enjoying the time to do things I didn't get around to before.

My sisters and I have always been conscious of the need to check ourselves for breast cancer due to our family history, but I never worried about other forms of cancer. My journey started back in 2012, while we were on holiday in Devon. Before this, I hadn’t noticed any changes, but during a cliff-top walk, I began experiencing terrible stomach pains. I needed to get back to our accommodation quickly, but not quite fast enough—hedges can be surprisingly handy at times. After this incident, my symptoms increased, with frequent trips to the bathroom throughout the day. By 6 p.m., I was in bed, staying close to the toilet. My social life was non-existent.

Over the next 18 months, I made numerous visits to my GP, who kept diagnosing me with Irritable Bowel Syndrome (IBS). Toilet trips escalated to 18–20 times a day, and my life seemed to revolve around the bathroom. Other symptoms started creeping in: back pain, a bloated stomach, and bleeding. I’d put on a pair of jeans in the morning, only to find I couldn’t do them up by evening. Still, my GP insisted it was just IBS.

By this point, I knew I couldn’t carry on as I was, so I requested a referral to the hospital. I wasn't referred for a cancer diagnosis, but 13 weeks later, I had my first consultation. The consultant was kind and immediately assured me it wasn’t IBS. I was booked for my first endoscopy, during which I was awake. I noticed a grey spot in my bowel, while the rest of it appeared pink, but I wasn’t overly concerned at that time. That all changed when the consultant came in to speak with my husband and me. She quickly informed us that it was cancer—and it was bad.

I remember sitting there thinking, “She’s just told me I have cancer. That’s not right.” You kind of drift in and out of the conversation, trying to piece everything together. December 17, 2013, was the day my life changed forever. From the start, I was determined not to let this beat me and stayed positive, even on the tough days.

The Road to Treatment

Treatment began in January 2014, with my first colostomy bag. From the start, I knew this was helping to save my life. A few weeks later, chemotherapy and radiotherapy started. My first chemotherapy treatment was in tablet form, and I managed it well, with very few side effects, much to my doctor's surprise. Throughout the treatment, I kept hoping that the tumor was shrinking and not growing.

Eight weeks later, I received the news I’d been hoping for: the tumor had shrunk, and surgery was scheduled to remove it. The surgery wasn’t without complications. My bowel didn’t react well to being touched and didn’t want to wake up, so I was quite ill after the operation. But the good news was the entire tumor had been removed. Relief flooded through me, and even in that challenging moment, I felt so lucky to be getting a second chance at life.

My recovery wasn’t easy, but by August, my stoma was reversed, and I was ready for my last round of chemotherapy. This time it was administered through infusion, and the treatment was supposed to last six months. However, after making me feel quite ill, it was decided to stop after three months, as it was meant to be a “mop-up” job to kill any remaining cancer cells.

Adjusting to Life After Cancer

What I thought would be the easiest part turned out to be the most difficult. Suddenly, the appointments stopped, and I was on my own. It was a time to reflect on everything. What I realised was that the journey hadn't just been about me—it was about everyone around me as well. Family and friends had been through this too. In some respects, you become selfish in the process, focusing solely on fighting the cancer. But, looking back, I realise that it's often harder for them to watch you go through everything. I had some counselling at this point, which helped me process the emotions I was experiencing.

A New Challenge: Permanent Stoma

My story didn't end there. My surgeon had rejoined my bowel using a pouch to help with waste flow, but it couldn't cope with the output. I found myself back at square one, going to bed early, constantly running to the toilet, and still using hedges when out walking.

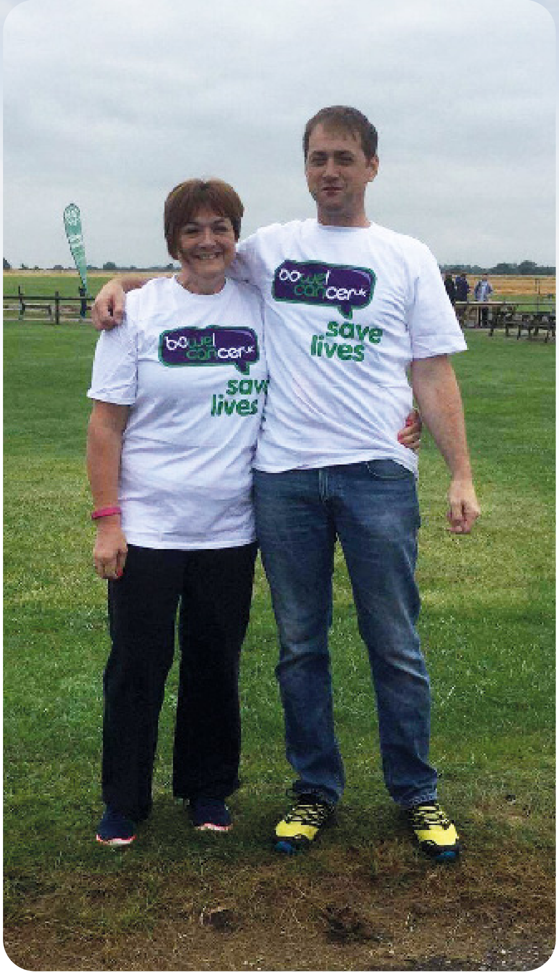
I started reading more about living with a permanent stoma and did extensive research. At my next appointment with my surgeon, a year later, I explained my symptoms and asked for a permanent stoma. Luckily, my surgeon agreed, and a date was set. We all thought it would be an easy operation, but it turned out to be much more complicated than we expected. For the first time throughout my entire journey, I doubted myself and questioned my strength.

Three weeks later, I left the hospital after my final operation. I was now the proud owner of a permanent ileostomy, affectionately named Winnie (short for Winnie the Pooh). Since then, I haven't looked back.

Living with a stoma isn't always easy—it sometimes seems to have a life of its own. My five-year-old grandson thought it was hilarious that I now "poo out of my belly instead of my bum" and would proudly tell anyone who would listen.

A Second Chance at Life

I will always be deeply grateful to my surgeon, oncologist, and their teams for giving me a second chance at life. To show my appreciation, my eldest son and I decided to do a tandem parachute jump in aid of bowel cancer charity. It was completely out of my comfort zone, but on a sunny day, we took our places in a small plane, and at 13,000 feet, we leapt into the sky. Floating in silence, we raised over £2,000 for bowel cancer awareness. With our families and friends watching, there was no better way to celebrate my second chance at life.



Bowel Cancer Awareness: *Symptoms and Risks*

Over the past few decades, the United Kingdom has witnessed a concerning rise in bowel cancer cases among individuals under 50. This trend, mirrored globally, has prompted medical professionals and researchers to delve deeper into its causes and emphasise the importance of early detection.

Rising Incidence Among Younger Populations

Traditionally, bowel cancer, also known as colorectal cancer, has been associated with older adults. However, recent studies indicate a significant increase in cases among younger people. In the UK, the rate of bowel cancer in individuals under 50 has increased by approximately 50% since the mid-1990s. Furthermore, research published in the British Journal of Surgery reveals that over 2,500 younger adults are diagnosed annually in the UK, with a notable rise in tumours located in the lower part of the bowel, such as the sigmoid colon and rectum.

England experienced a 3.6% annual increase in early-onset bowel cancer cases over a decade, positioning it as the country with the highest rise in Europe. Similarly, data from Cancer Research UK indicates that bowel cancer cases in 30 to 39-year-olds rose by up to 7.3% each year between 2005 and 2014.

Potential Risk Factors

While the exact reasons for this increase remain under investigation, several factors are believed to contribute:

- **Lifestyle and Dietary Habits:** Sedentary lifestyles, diets high in processed meats and low in fibre, obesity, smoking, and excessive alcohol consumption have been linked to a higher risk of developing bowel cancer.

- **Genetic Predisposition:** Conditions like Lynch syndrome can elevate the risk of bowel cancer. However, many younger patients diagnosed do not have a known genetic predisposition, suggesting other environmental or lifestyle factors may be at play.

Recognising the Symptoms

Early detection significantly improves treatment outcomes. Therefore, it's crucial to be vigilant about the following symptoms:

1. **Bleeding:** Noticing blood in your poo or on toilet paper can be an early indicator.
2. **Changes in Your Poo:** Persistent diarrhoea, constipation, or a change in poo consistency lasting more than a few weeks should not be ignored.
3. **Abdominal Pain:** Experiencing frequent gas pains, bloating, fullness, or cramps may signal underlying issues.
4. **Unexplained Weight Loss:** Losing weight without changes in diet or exercise routines can be a warning sign.
5. **Fatigue:** Persistent tiredness or weakness, especially when combined with other symptoms, warrants attention.
6. **Anaemia:** Low red blood cell counts, leading to symptoms like fatigue and paleness, can result from internal bleeding associated with bowel cancer.

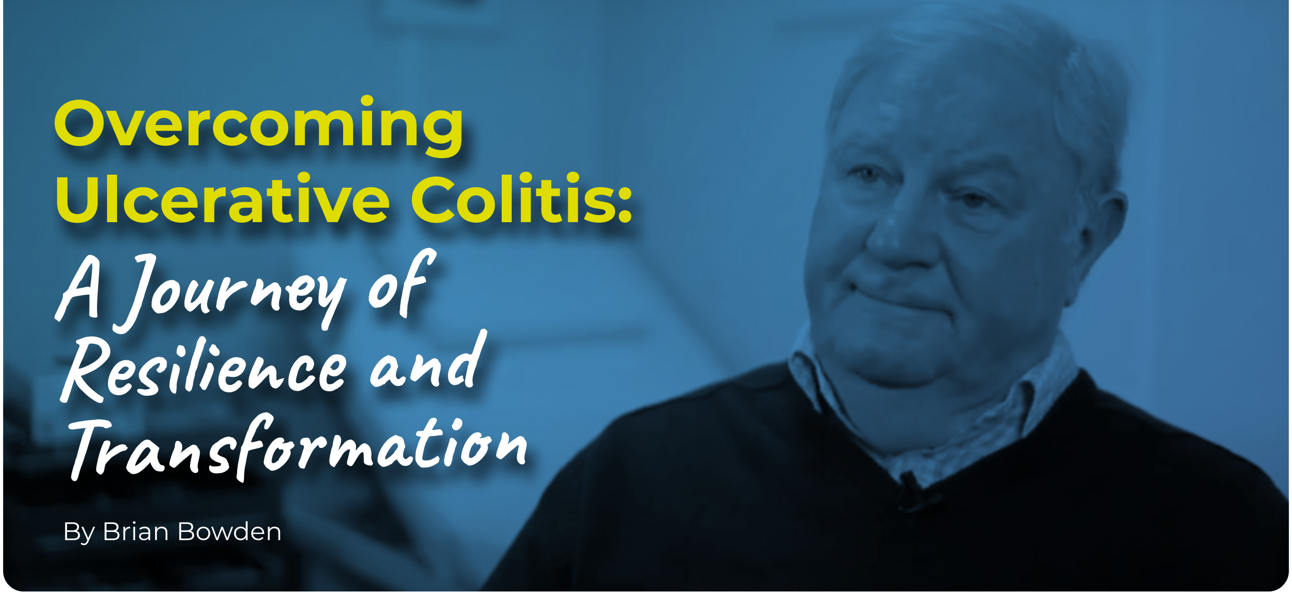
It's essential to note that these symptoms can also be associated with other conditions, such as haemorrhoids or irritable bowel syndrome. However, if they persist, consulting a healthcare professional is imperative.

Challenges in Diagnosis

Younger individuals often face delays in diagnosis. A report by Bowel Cancer UK highlighted that four in ten younger patients had to visit their GP three or more times before being referred for further tests. This delay can lead to diagnoses at more advanced stages, complicating treatment. This is why in 2013 Bowel Cancer UK launched their campaign Never Too Young to raise awareness of the increase of people under 50 affected by bowel cancer. The campaign has since been adopted in other countries across the world including Canada and New Zealand.

We're Here For You

If you have a stoma, whether due to bowel cancer or because of another condition, we're here to help find the right products for you. Visit the CliniMed website to sample products or get product advice from our helpful Careline team. You can also get products from any brand delivered to your door, free of charge with SecuriCare's home delivery service.



Overcoming Ulcerative Colitis:

A Journey of Resilience and Transformation

By Brian Bowden

I was first diagnosed with ulcerative colitis in 1985. The worst part of the day for me were mornings. At times, I was unable to be 'normal' until late morning. This made family life quite a challenge with a young family. Both my wife and son were, and still are, very understanding of my circumstances.

For over 10 years on my daily commute to London, I had a mental map of the location of 'can't wait' public conveniences available on my route either by train or car. In those days toilets were not on our commuter trains.

Working for a major international oil company, my employers were understanding of my circumstances and allowed me to adjust my working hours. A business computer and phone line were installed at home. As my job entailed 24/7 shipping operations in the North Sea, I was also issued with a mobile phone (new technology in those days).

Then in 1996, on my journey from Ware to Hanger Lane, I was driving down the A1(M) between Hatfield and South Mimms when a fuel injector failed with a trail of white smoke behind me. I pulled over to the hard shoulder and called the AA. There had been an accident on the M25 which meant a long delay before help could reach me from South Mimms Services. All part of the service, the AA recovery driver waved to me as he was heading up to the next junction before he could get to me. I knew assistance was on the way.

Meanwhile, I had numerous trips behind a roadside hedge due to the urgent needs of my colitis. If a Highways Agency traffic camera could see me, the operator might wonder what I was doing! I finally got rescued from the motorway.

It was now decision time. I had a regular appointment with my gastroenterologist at New Queen Elizabeth II Hospital, Welwyn Garden City. I said that my quality of life had reached a turning point and was referred for stoma surgery.
In September 1996, I had a total colectomy with an ileostomy. After my initial recovery, I never looked back, and my life returned to a new normal. My role at work was unchanged but I was now able to do things that I hadn't done for many years.

During my recovery, I set myself some targets; stay away from home for a night, do a day trip to France and help and support new and existing stoma people under the guidance of my stoma nurse at the time.

I joined the Beds and North Herts IA (Ileostomy Association). I was secretary and treasurer at times until the registered charity was dissolved in 2012.

In 2014, I was approached by a member of the SecuriCare team at Van Hage Garden Centre. Deborah asked me if I would participate in a promotional video to be filmed at SecuriCare's offices at Loudwater. I was introduced to members of the SecuriCare team with whom I had spoken to only on the phone. I sincerely hope the video was successful.

As someone who has relied on SecuriCare Medical for years, I can confidently say their home delivery service is second to none. From the friendly and understanding customer support to the reliability of having my supplies delivered on time, every aspect of the service brings peace of mind. The care and attention they show make me feel more like a person than just a patient. It's that consistent, compassionate approach that keeps me coming back — I wouldn't trust my stoma care to anyone else.

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CliniMed Ltd., a company registered in England number 01646927
Registered office: Cavell House, Knaves Beech Way, Loudwater, High Wycombe, Bucks HP10 9QY

Living Unboxed:

My Journey Through Illness, Recovery & Rediscovery

By Becca Ross

Growing up, I was known as the sporty one. I ran everywhere, loved PE, and played football outside of school. When girls' sports were dropped from the curriculum, it felt like my identity disappeared overnight. That shift had a ripple effect. I began questioning how much I should eat, became obsessed with food labels, and punished myself with excessive exercise if I thought I hadn't done enough. The spiral was fast, and it was deep.

By sixth form, my grades plummeted. I couldn't cope. An apprenticeship followed, but I wasn't enjoying it and soon became physically unwell. I was labelled "unfit to work" and told I should be a "role model." That hurt deeply—and I was sent to an Eating Disorder Unit (EDU). It was my first time away from home, and what was supposed to help felt like anything but, I stayed there for a VERY long admission, and in a couple other locations, for nearly two years. The treatment often felt harsh, and at times dismissive of real, physical symptoms I was experiencing. Years later, I would finally be validated: my stomach had been distended, and it wasn't in my head.

> *"Strength, to me, is more than muscles—it's the power to keep showing up."*

Emergency Surgery and the Start of a New Chapter

In April 2020, I was rushed into emergency surgery. My bowel had twisted, cutting off blood supply and leaving my abdomen severely distended. I woke from the anaesthetic with a stoma and a long road ahead. It wasn't just about learning what to eat and how to live with it. My stoma prolapsed, prolapse of the stoma occurs when the bowel protrudes through the stomal opening in the skin to a greater extent than was anticipated. This later retracted contributing to painful leaks and skin damage due to the stoma retracting below the level of the skin meaning there isn't a spout so the output doesn't easily go into the bag. Finding the right products became a personal mission, full of trial and error.

One of the hardest parts was how fragmented the system felt. Once discharged, hospital staff directed me to community teams—who were often hard to contact. Thankfully, I found companies like CliniMed/SecuriCare who went the extra mile to support me without making me feel like a burden.

Life-Threatening Complications

In September 2021, I went to A&E with familiar symptoms—no stoma output, a distended abdomen, and severe cramps. I was sent home, but days later returned in critical condition. My bowel had twisted again, this time within a hernia. I was placed in an induced coma whilst in intensive care, had extensive surgery, and developed sepsis and gangrene. My family was told I might not make it.

When I finally regained consciousness, the experience felt surreal. Vivid dreams from my coma turned out to align with real-life environments I'd never consciously seen. But reality hit hard. Gangrene in my limbs meant I was facing amputation. A vascular consultant coldly pointed to below my right knee: "So we'll amputate from here"- when the day before it was implied blood could flow via different routes, so under the impression things were okay. It wasn't the surgery that stunned me—it was the bluntness. I underwent the amputation and began rehab, adapting to a new body, new routines, and new challenges.

A Diagnosis That Changed Everything

During one of my many hospital admissions, a psychiatry liaison suggested I might be on the autism spectrum. It was something I'd never explored, but looking back, so much made sense—my rigid routines, sensitivity to changes, and intense focus. After a thorough assessment (and a long wait), I was diagnosed with Autism Spectrum Disorder (ASD). That diagnosis was transformative. It helped me understand myself better and gave me permission to be kinder to myself.

Rebuilding Strength, Physically and Mentally

As soon as I could, I started working with a community physio to rebuild strength. We faced practical issues—like how to use gym machines with a prosthetic and a stoma bag—but we found ways. The gym became a place not just to grow stronger physically, but to protect my mental well-being too.
Unfortunately, I was discharged from physio services after another hospital stay, with little warning. A phone call informed me, bluntly, that I wouldn't be seen again. I was crushed. I felt guilty for ever needing help in the first place. Still, I pushed myself to keep going and re-joined the gym on my own. Strength, for me, is more than physical—it's symbolic of independence.

> *"If I'm advocating for myself, I'm also advocating for the next person who might not be able to."*

I've had to learn how to advocate for myself. One example: I switched from a PICC line (for overnight nutrition) to a Hickman line in my chest. But that too came with complications—loose stitches, the cuff slipping out, and conflicting opinions between teams. On one occasion, a doctor accused me of being difficult, even questioning my sanity—based solely on my eating disorder history. That was one of the most hurtful interactions I've had. But I stood my ground, calmly and rationally, and eventually the team listened.

This isn't uncommon. People with eating disorders (or a history of them) are often dismissed, even when presenting with genuine physical issues. But we're more than a diagnosis—we're people. Every individual deserves care, compassion, and to be taken seriously.

Hormones, Fatigue & Incontinence

My journey hasn't just been about stomas and surgeries. Fatigue and hormone imbalances have caused severe sweating, heavy periods, and debilitating exhaustion. I started HRT, and although it's a work in progress, it's helped in some ways. Meanwhile, medication absorption remains an issue due to the stoma—sometimes tablets appear entirely undigested in my stoma bag.

Bladder issues have followed me since childhood, and with so much fluid intake (especially when on parenteral nutrition, incontinence became a real concern. Solutions like washable bed pads and bladder patches are currently being tried and I'm hopeful we'll find something manageable.

The Power of Connection

For years, I avoided social media. I didn't understand the tech, and I feared it. But over time, I found community—people who've been through similar challenges, people who radiate kindness, and streams where strangers lift each other up. It reminded me that not all support comes from within hospitals or clinics. Sometimes, a kind word online from someone who gets it can be just as healing.

I'm still trying to maintain my health, making challenges and trying to adapt to each day, from the mental, to the physical, and both intertwine in recovery. Allow yourself to celebrate any small wins, to experience joy, laughter and connections, and create mini challenges- you deserve to be healthy AND happy! In doing so, we can keep going, and the road becomes that little less hard and unbearable.

Final Thoughts: Be Kind, Be Brave

If there's anything I've learned from the past few years, it's this:

- **Kindness matters.** You never know what someone's going through.
- **Advocacy is vital.** If something feels wrong, speak up—even if your voice shakes.
- **You are not your diagnosis.** Whether it's eating disorder, Autism Spectrum Disorder, chronic illness, or anything else—you're a whole person.
- **Support helps.** Whether through community, social media, or a smiling face in a hospital corridor, connection heals.
- **Don't give up on yourself.** Your body, your mind, your spirit—they all deserve care.

To anyone reading this who's struggling: I see you. I've been you. And while the journey might not be easy, it can be yours to own, to shape, and to live unboxed.

Follow Becca on social media: @b_un_boxed

For more support with stomas, EDs, or chronic illness, speak to your GP or a support organisation.

Support Services:

- **BEAT Eating Disorders** – www.beateatingdisorders.org.uk
- **Stoma Support UK** – www.colostomyuk.org
- **Autism UK** – www.autism.org.uk
- **Mind** – www.mind.org.uk
- **Steel Bones**- www.steelbone.co.uk
- **Becca Ross** – @b_un_boxed (Instagram, TikTok and YouTube)

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The Courage to Be Seen: *Navigating Intimacy with a Stoma*

From practical steps to embracing new ways of thinking, Dr Zainab Noor discusses psychological strategies to help you approach intimacy with confidence.

You might wonder how to bridge the gap between self-consciousness and connection, or how to feel at home in a body that feels unfamiliar. If you're reading this, perhaps you're navigating questions about your body and intimacy with a stoma, as someone who knows the weight of vulnerability this can bring. Intimacy, at its core, is about being seen. And being seen can feel terrifying when your body carries visible reminders of all it has endured.

For many, intimacy requires more practical steps—like emptying the pouch or choosing supportive garments—it also involves accepting your body in a new way. These adjustments can highlight a sense of difference, making intimacy feel more deliberate than spontaneous. At its core, self-consciousness often stems from shame, fear, and the stories we tell ourselves about worthiness. Understanding these emotions is the first step toward reshaping intimacy on your terms.

Shifting the Stoma from a Personal Burden to a Shared Challenge

For many, living with a stoma can shift their sense of self, making them feel different from others. This sense of difference can create a distance—not just from others, but from oneself. Beliefs such as "I am no longer attractive," "My partner will see me differently," or "I must hide this part of myself to be accepted" can develop as a result, making it harder to connect intimately and reinforcing feelings of isolation. These shame-based beliefs often fuel fears of rejection, and deepening self-doubt. What a stoma means to you—whether as a mark of survival, a symbol of resilience, or a source of pain—will inevitably shape your relationship with your body and guide your behaviour, including intimacy. The weight of this shame can make intimacy feel like something to manage rather than experience.

What if the problem is not you, but the stories you've inherited about what makes a body acceptable and desirable, or the beliefs you hold born out of shame that insists on isolating you from others? Imagine the freeing power of facing the challenge together with your partner, of making it the two of you against the problem rather than something to bear alone.

Small, intentional acts can reinforce this shift. Trying different stoma covers together—whether simple wraps, lingerie designed for ostomates, or even playful fabric patterns—can turn a source of anxiety into an opportunity for connection. If you feel ready, invite your partner into the process:

"I've been thinking about ways to feel more confident with this, and I'd love for us to explore some options together. Would you help me pick something that makes me feel good?"

This simple inclusion shifts the dynamic from one of managing a medical device to co-creating closeness that serve to redefine intimacy as a shared journey.

Responding to Shame and Fear

Shame thrives in secrecy, and fear often stems from anticipating rejection. We are taught, often unconsciously, that intimacy is about presentation—that we must be flawless, effortless, unmarked by life. But true intimacy is not about the absence of imperfection; it is about the presence of trust. It is found in a partner's steady gaze, in the warmth of a hand resting over yours, in the quiet knowledge that you are loved as you are.

Instead of acting on fear, consider asking deeper questions: What does this fear protect me from? If my stoma makes me feel unworthy, where did I learn that worthiness had conditions? These reflective questions support your self-awareness and emotional healing, allowing you to challenge deeply ingrained beliefs rather than simply accepting them as truths. Shame is often a prediction, not a reality—a story the mind tells to keep us from risking vulnerability. Naming it out loud—even just to yourself—can weaken its grip.

Sharing these worries in a way that invites reassurance rather than withdrawal can be transformative. Instead of waiting for your partner to guess what you need, try:

"I feel nervous about how my body has changed, but I want to share this part of me with you. Can we take things slow?"

Partners often want to be supportive but may not always know how. A little guidance can go a long way in turning anxiety into intimacy.

Psychological Strategies for Intimacy

Once you have begun to untangle the roots of shame and fear, the next step is to build new pathways towards connections. Loving a body that has changed is not about silencing insecurity but about learning to move forward with it. Some days, confidence may come easily; other days, doubt may linger at the edges.

There are practical ways to cultivate body confidence and connection in intimacy. Here are four steps to help you begin:

- **Reframe discomfort as part of intimacy:** Rather than seeing discomfort as a failure, view it as part of the process of connection. Moments of awkwardness don't diminish intimacy—they make it real.
- **Allow room for humour:** Intimacy doesn't always have to be serious. If your stoma makes a noise at an inopportune time, laughing together can be a powerful way to diffuse tension and normalize the experience.
- **Practice sensory grounding:** Focusing on the warmth of a hand on yours, the rhythm of breathing together, or the simple comfort of physical closeness can help shift attention away from anxiety and into the present moment.
- **Develop small rituals of self-acceptance:** Applying lotion to your body, and scars, wearing something that makes you feel good, or taking a few deep breaths while reminding yourself that you are deserving of care, can all help reinforce the idea that your body deserves care and presence.

Redefining Intimacy and Self-Acceptance

If you return to the very first question—how to navigate the space between self-consciousness and connection—you may realise that the answer was never about eliminating vulnerability but about making peace with it, much like the journey of intimacy itself. To experiment, to stumble, to laugh when things don't go as planned. To redefine intimacy on your terms. And above all, to trust that you are worthy of love not in spite of your humanity, but because of it.

About Dr Zainab Noor

Dr Zainab Noor is a clinical psychologist specialising in the profound psychological impact of surgery and chronic illness, particularly the adjustment to life with a stoma. With two decades of experience, she works across the NHS and private practice, supporting individuals as they navigate the identity shifts, emotional challenges, and resilience required to adapt to life-changing medical interventions. Her research is published in leading journals, and she contributes to national guidance on integrating psychological care into surgical preparation. Through her clinical work, she helps patients and professionals create spaces where adaptation, self-worth, and wellbeing can flourish. More about her work can be found on the Cancer Psychology Collective website.

FREE GUIDE

Explore Intimacy with Confidence

Adjusting to life with a stoma can impact how you view and feel about your body but, it doesn't mean that you can't enjoy a fulfilling sex life. Our sexual wellbeing guide for people with stomas offers practical advice and reassurance so that you can explore what intimacy means to you with confidence.

www.clinimed.info/sexual-wellbeing

Stoma Anxiety: *The Hidden Worry When You're Out and About*

By Anita Brown

Living with a stoma brings its own set of challenges, but one thing I didn't expect was the constant anxiety I feel when simply leaving the house. You see, when you have a stoma, something as basic as going shopping or meeting friends can quickly turn into a stress-filled adventure. And it's not the sort of adventure with treasure at the end more like, "Will there be a toilet nearby? Will I be judged for using the disabled loo?" kind of adventure. Fun.

The Constant Hunt for Toilets

Knowing the location of the nearest toilet is essential for me. I don't leave home without mentally mapping out every available bathroom between your house and your destination. It's like developing a sixth sense for loos. However, public toilets are not as common or as reliable as you'd think. And that's where the anxiety can start.

Will there be a toilet where I'm going? Will it be open? Clean? Accessible? These are the questions that float around my head every time I step out. I could be out shopping, but instead of browsing clothes racks, I'm quietly scanning for the nearest restroom, just in case. It's exhausting, and it really takes the joy out of things.

And the worst part? That constant, nagging worry of, "What if I leak and there's no suitable toilet around?" It's like trying to enjoy a day out while carrying a ticking time bomb, hoping it doesn't go off at the worst possible moment.

The Fear of Being Questioned

As if the fear of not finding a toilet wasn't enough, there's also the anxiety of being judged, particularly when I need to use a disabled loo. I don't have any visible signs of disability, which seems to make some people think it's their duty to play "toilet police."

And let me tell you, nothing ramps up your anxiety like being approached by a stranger who questions why you are using a disabled toilet when you "look fine." I've had more than one run-in with a well-meaning individual who's given me the side-eye or flat-out asked why I'm using the facilities, and that awkward confrontation never gets easier.

(I hate confrontation and if I am honest, unless my bag leaks, I will always use the women's toilets).

The thing is that the loo is the one place where I need to feel comfortable and safe, but instead, I find myself preparing for a potential confrontation every time I head towards those disabled loos. It is like I have to justify my existence, and my stoma, just to pee in peace!

Planning Every Outing Like a Military Operation

Because of this constant anxiety, every outing requires a level of planning that most people wouldn't have to do. I have to think about how long I will be out, where the toilets are, how far I'll be from home, and whether I can manage the anxiety if I get approached or if something goes wrong with my stoma bag. (I bring along a little "stoma kit" with extra supplies, just in case).

CliniMed offer a range of stoma accessories to help make bag changes quicker and easier as well as helping to keep your bag in place.

It is not just popping out for a quick trip, every outing becomes a strategic operation. It's mentally draining, and sometimes, I'll be honest, it's easier to just stay home. But that's not exactly living, is it?

The Social Anxiety: What Will People Think?

Another layer to this anxiety is the fear of what others will think. When you're out with friends or family, you don't want to make a big deal about needing to use the loo or worrying about your stoma. You don't want to be that person who is always saying, "Hang on, I need to find a toilet." But sometimes, you don't have a choice. And that pressure to act "normal" can make the anxiety even worse.

I try to remind myself that most people won't notice, or if they do, they won't care. But in the moment, it can feel like all eyes are on you, the person with the invisible disability who is desperately trying not to draw attention to themselves.

How I Manage It: Coping With Stoma Anxiety

I would love to tell you that I have got this all figured out, but let's be real, some days are better than others. On good days, I can manage my anxiety with a bit of preparation and a whole lot of self-talk. I remind myself that it is okay to take up space, that I have every right to use the facilities I need, and that most people aren't judging me.

On the harder days, I lean on my support system. Tim, my husband. He helps me navigate the trickier moments, and sometimes just having him there makes all the difference. It is like having a silent cheerleader, reminding me that I'm not in this alone.

What I have learnt over time is that the best way to manage stoma anxiety is to talk about it. The more we share our experiences, the more we raise awareness, and the less isolated we feel.

Invisible disabilities, like having a stoma, don't get enough attention. But the more we open up, the more people will understand.

Moving Forward: One Step at a Time

Living with a stoma can be anxiety-inducing, especially when you are out and about. Whether it is the fear of being approached or the constant worry of finding a toilet, it's a lot to carry with you. But with time, patience, and a bit of humour, it's possible to manage.

If you've ever seen someone in a disabled toilet who doesn't "look disabled," give them the benefit of the doubt. There's a lot going on beneath the surface, and trust me, they're probably just trying to get through the day with a little less stress… just like the rest of us!

It's Good to Talk

Not everyone experiences anxiety because of their stoma but if you are you can contact the following organisations for support:

Colostomy UK -
www.colostomyuk.org/support/

Ileostomy & Internal Pouch Association-
www.iasupport.org/lets-talk/

Urostomy Association -
www.urostomyassociation.org.uk/category/support-for-you/

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- Mrs Elliott., May 2025.

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Behind the Scenes:
How to *BOOST* Recovery and Reduce the Risk of Parastomal Hernia – Webinar Highlights

In March, a special online webinar brought together people living with a stoma, healthcare professionals, and fitness experts to talk about a topic that matters- recovery after stoma surgery and how to reduce the risk of a parastomal hernia.

The Webinar Contributors

Sam Cleasby, a well-known disability activist who lives with an ileostomy. Sam brings warmth, honesty, and humour to every conversation about stoma life.

Andy Hansen, a Pilates instructor with a urostomy, who helped create the Breathing and Movements programme.

Sarah Brown, part of the community stoma care team from Buckinghamshire and Educational Support Worker with CliniMed and SecuriCare.

Shelley White, a Breathing and Movements champion who's been following the programme since her second stoma surgery in 2024.

The webinar was packed with useful tips and real-life stories. It was designed for people with a stoma, as well as nurses looking to support their patients better. The focus was to help people recover safely, feel stronger, and lower their risk of parastomal hernia with simple exercises anyone can try.

What is Breathing and Movements?

It's a recovery programme made for people with a stoma. It's broken down into four easy stages that focus on breathing, core connection, strength, and stability. The exercises are gentle and designed to help you get back to moving safely. Best of all, you can do them anywhere—on your bed, on a chair, or even standing up.

During the webinar, Andy showed movements from each of the four stages. He explained how they help you rebuild your strength and confidence after surgery, one step at a time.

Real stories, real impact

Shelley shared how the programme helped her after her ileostomy surgery. She said the exercises made a big difference—not just physically, but emotionally too. She now lifts shopping bags with ease and feels more confident in her daily life. Her message was clear: it's never too late to start.

The speakers also answered common questions about starting the programme. Whether you've just had surgery or are years into your recovery, the advice was the same: take it slow, listen to your body, and stay consistent. Even those with a parastomal hernia can benefit by starting gently.

Some people in the programme have even progressed to doing planks! But it all starts with small, simple movements that build strength over time.

You can start today

The message from the webinar was clear: Breathing and Movements is for everyone. No matter your age, fitness level, or how long ago you had surgery, this programme can help you feel stronger and more in control of your body again.

As Shelley proudly said at the end of the session:

"BRING IT ON!"

Watch the full webinar for free:
www.clinimed.info/b-and-m-webinar

Download the Breathing and Movements guide:
www.clinimed.info/movements_guide

Let this be your first step to feeling stronger, safer, and more confident —one breath and one movement at a time.


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Exercising with a Stoma: *My Journey and Top Tips*

By Nathan Wheeler

Hello everyone! As someone who has lived with an ileostomy for 17 years, staying active has always been a cornerstone of my well-being. Last year, I took on the Crohn's & Colitis Big Winter Workout, committing to at least 31 minutes of exercise every day in January. The experience was not only transformative for my health but also deeply fulfilling—raising £550 for research and care for those affected by Crohn's and Colitis. This year, I'm thrilled to take on the challenge again, hoping to surpass last year's fundraising total.

In this article, I'll share my top tips for exercising with a stoma, along with some encouragement for anyone wondering if fitness is possible with this life-changing surgery. Spoiler alert: it absolutely is!

Physical activity is essential for everyone, but it's particularly beneficial for those of us living with a stoma. Exercise can:

- Boost energy levels.
- Improve mental health.
- Enhance core strength, which is crucial for stoma management.
- Aid digestion and overall well-being.

Living with a stoma doesn't mean you have to sideline your fitness goals. In fact, it's an opportunity to redefine what your body is capable of. I was the 'fat kid' at school, and NEVER thought I would be passionate about fitness – but since having my stoma, it has given me a new lease of life. It's like... taking back my power!
There are a few things you need to know when starting your fitness journey. So, I thought I would just highlight some things to consider in this blog post.

Start slow and listen to your body

After surgery, it's crucial to give your body time to heal. Start with gentle activities like walking or light yoga before gradually introducing more intensity. Even seasoned fitness enthusiasts need to rebuild their strength post-surgery, so patience is key.

Hydration is key

Having an ileostomy means your body absorbs less water, so staying hydrated is especially important. Make it a habit to drink water before, during, and after exercise to prevent dehydration. I also find electrolyte drinks allow you to get all the minerals you need for hydration!

Download your free guide to hydration for people with an ostomy. » **www.clinimed.co.uk/resources/hydration-guide-for-people-with-an-ostomy/**

Focus on core strength

Strengthening your core muscles can help support your stoma and reduce the risk of hernias. Start with gentle core exercises, avoiding anything that causes discomfort. Check out the free guide from CliniMed with advice for people with a stoma on how to build core strength. » **www.clinimed.co.uk/resources/breathing-and-movement-for-people-with-a-stoma/**

Choose activities you love

Exercise should be enjoyable! Whether it's cycling, swimming, yoga, or dancing, find activities that make you feel good. For me, Peloton rides and yoga sessions are a big part of my routine.

Adapt as needed

Don't be afraid to modify exercises to suit your needs. For example, if you're lifting weights, focus on good form and opt for lighter loads to protect your core.

Mind your diet

Fuelling your body with the right nutrition is vital, especially when exercising. Since certain foods can affect how your stoma functions, it's a good idea to stick with what works for you, especially before a workout.

Find more information on diet and nutrition for people with a stoma. Download CliniMed's free guide. » **www.clinimed.co.uk/resources/diet-and-nutrition-guide-for-people-with-a-stoma**

Have a plan for pouch management

Plan your exercise sessions around your stoma's schedule to minimise interruptions. Emptying your bag before a workout can help you focus without distractions. Nothing worse than just getting into your workout and your bag getting full!

Celebrate small wins - every step counts

Whether it's walking for five minutes longer or completing a challenging yoga pose, celebrate your progress. This is something I need to work on!!

Build a support system

Joining a community of ostomates or fitness enthusiasts can provide encouragement and accountability. Sharing your journey can inspire others and keep you motivated. That's why I enjoy Peloton – the community is great.
Last year, the Big Winter Workout was a game-changer for me. It gave me a sense of purpose, improved my fitness, and allowed me to give back to a cause close to my heart.

Living with a stoma doesn't mean giving up on fitness; it means approaching it with a new perspective. By starting slow, using the right tools, and finding joy in movement, you can achieve your fitness goals while embracing life with a stoma.

If you're unsure about exercise post-surgery or have any other health issues that you worry may be affected by exercising, consult your Stoma Care Nurse or other healthcare professional.

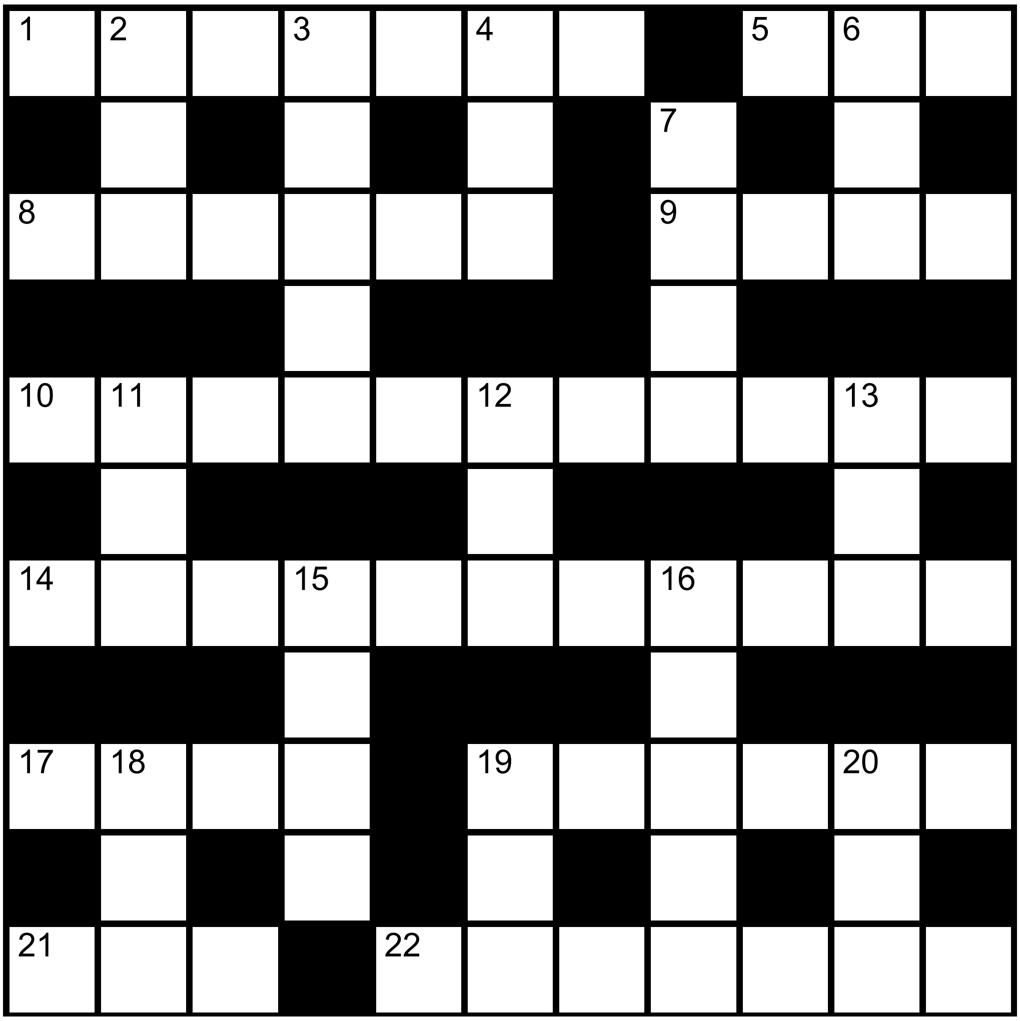
Thank you for supporting my journey and the Crohn's & Colitis community.

Here's to health, strength, and smashing our goals—one step at a time!

Nathan x

Puzzles

CROSSWORD



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5 Shelter (3)
8 Reflecting surface (6)
9 Test (4)
10 Manufacture in large quantities (4-7)
14 Fragments (4,3,4)
17 Couch (4)
19 Non meat-eater (6)
21 Pigpen (3)
22 Disrobe (7)

Down
2 Snow runner (3)
3 Songbirds (5)
4 Spike of corn (3)
6 Period of history (3)
7 Alcoholic drink of fermented honey (4)
11 Help (3)
12 Hurried (3)
13 Fish (3)
15 Smack (4)
16 Enthusiastic (5)
18 Plump (3)
19 Covered vehicle (3)
20 Belongs to it (3)

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Answers

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Stoma support groups near you

Ayrshire & Arran Stoma Support Group
First Saturday of every other month (October, December, February...) 2pm – 4pm.
Ferguson Day Unit, Biggart Hospital, Biggart Road, Prestwick KA9 2HQ.
For further information contact Jim on 01292 220945 or 07729 771350 or email jimkraz@virginmedia.com
Or conact Hugh Strathearn
T: 07837 464 376.

Berwick upon Tweed, Northumberland
Meets every 3rd Thursday of each month at 10-12am in The William Elder Building, 56-58 Castlegate , Berwick, TD15 1JT.
All welcome from both sides of the border as are partners.
For further information please contact Bobbie 07714 479320

Bishop Auckland Stoma Care Group
Every other Thursday at 1pm.
St Mary's Church, Vart Road, Woodhouse Close Estate, Bishop Auckland DL14 6PQ.
For further information contact Mrs Maureen Davison
T: 01388 818267
E: rdavison816@gmail.com

Carlisle
Every 2 months (October, December, February...)
11am – 12.30pm.
Harraby Community Centre, Edgehill Road, Carlisle CA1 3SN
Please contact stoma nurses 01228 814179 for dates

Cumbrian Bellies
Search 'Cumbrian Bellies' on Facebook and Instagram!
For information about the next meet-up please email Nicola on rowson.nicola@yahoo.co.uk

Dartford Ostomy Support Group (DOGS)
3rd Wednesday of the month.
St Anselms Parish Centre, West Hill, Dartford DA1 2HJ.
For further information please contact Susan Norris on 07779 155 846
E: dogs-uk@hotmail.com

Durham and Wearside Crohn's & Colitis Support Group
For further information please email
dw@networks.crohnsandcolitis.org.uk
www.crohnsandcolitis.org.uk/DW

High Wycombe Stoma Support Group
Wrights Meadow Centre
Wrights Meadow Road, High Wycombe, Bucks, HP11 1SQ.
For further information call 0800 318965

Horden Stoma Support Group
First Monday of every month between 10am – 12pm.
Horden Youth & Community Centre, Eden Street, Horden Peterlee, Co. Durham SR8 4LH.
For further information contact Claire on 0191 5863520

Inside Out Stoma Support Group
Zoom 'Coffee Morning' meetings every two weeks
Harrow Masonic Centre, Northwick Circle. Kenton Harrow HA3 0EL.
For further information please email Barry Caplan on barcap23@outlook.com or call 07811 084 514
E: info@iossg.org.uk

Lanhydrock Ostomist Group
Lanhydrock War Memorial Club Hall, Trebyan, Lanhydrock
Nr. Bodmin, Cornwall PL30 5AE

Leicestershire Kirby Ostomy Support Group

Once a month on a Saturday from 10.30am – 12.30pm.
For further information please contact Janet on 01162 392844 or 07464 957982 Email: kosg2013@btinternet.com

Mercia Inside Out Support Group, South Derbyshire/ East Staffordshire

Bimonthly afternoon meetings from 1.30- 3.30pm.
Stanton Village Hall, Burton upon Trent, DE15 9TJ
For more information contact Sally Chester on 07500 441442, or Gary on 07792 18245 alternatively you can email merciassgroup@gmail.com

Nuneaton Stoma Support Group

3rd Wednesday, every other month, (September, November, January...) 7pm – 9pm.
Manor Court Baptist Church, Manor Court Road, Nuneaton, Warwickshire CV11 5HU.
For further information contact Bob Burrell on 07564 680803 or email nuneatonstoma@aol.com

Peterborough, Cambridgeshire

2nd and 4th Monday of each month 2pm – 4pm.
Stanground Community Centre, Whittlesey Road, Peterborough PE2 8QS.
For information contact Lynn 01778 425098 / 07933 108141, Maria on 01778 702237 or Allan on 01354 653290 / 07836 661102

The Shropshire B.O.Ts (Bums on Tums)

2nd Thursday of each month, at 2pm.
Hope Church Room 1, Market Gate, Oswestry SY11 2NR
For further information call: Irene Constable - 01691 238357 or Carole O'Ryan - 01691 671624
Alternatively email: ireneconstable@phonecoop.coop

S.O.S Solent Ostomates Support

Last Wednesday of the month (Excluding August and December.) 2pm – 4pm.
Kings Community Church, Upper Northam Road, Hedge End, Southampton SO3 4BB.
For further information call 07527 707069 or email solentostomates@hotmail.co.uk

Stevenage Ostomistics

Last Saturday morning of each month 10.30am – 1pm.
Oval Community Centre, Vardon Road, Stevenage SG1 5RD.
For information contact Judy Colston on 01438 354018 or 07957 754237 or email neilcolston@btinternet.com (each session is ended with chair yoga!)

Wessex Stoma Support Group serving Wiltshire. West Hampshire and North Dorset based in Salisbury. We meet every month with meetings and events contact Tel; 01980 611978 / 07584 574311
email: info@wessex-stoma.co.uk
www.wessex-stoma.co.uk

Windsor, Ascot, Maidenhead & Slough

Meetings held once a month - usually the 2nd Monday of the month between 19:00 & 20:30.
WAMSstoma@gmail.com
@Groupwams @wamsstoma

Wing Stoma Support Group

Every 2 months, 11am – 12.30pm.
Wing Hall, 71 Leighton Road, Wing, Leighton Buzzard, LU7 0NN.
For information call 0800 036011

You are not alone, Chesham Support Group

Last Monday of the month, 10.30am – 12.30pm.
The Kings Church Chesham, Trinity Christian Community Centre, Red Lion Street, Chesham HP5 1EZ.
For further details please contact Carla Wright 07846 354918
carlawright0502@gmail.com

Calling all support groups!

Ostomates and continence patients often call our Careline asking for advice and support. So, whether you're a stoma or continence support group, we'd love to share your details.

If you'd like to share the details of a group to include in future editions of Hand in Hand please email info@securicaremedical.co.uk.

Help is a phone call away

Whether you are placing your next order with SecuriCare, in need of a friendly chat or advice about your stoma or continence care, help is closer than you think.

Useful phone numbers

SecuriCare Careline
0800 585 125

Colostomy UK
0800 328 4257

Urostomy Association
01889 563 191

Ileostomy & Internal Pouch Association
0800 018 4724

Bladder & Bowel Foundation
01926 357 220

Bladder and Bowel UK (PromoCon)
0161 607 8219

SecuriCare Orderline
0800 318 965

Junior Ostomy Support Helpline
0800 328 4257

Multiple Sclerosis Society
0808 800 8000

Spinal Injuries Association
0800 980 0501

Back Up
020 8875 1805

Mental wellbeing support

Mind
0300 123 3393

Samaritans
116 123

CALM
0800 58 58 58

Childline
0800 1111

Young Minds
0808 802 5544

The Silver Line
0800 4 70 80 90

Age UK
0800 678 1602

Cruse Bereavement Care
0808 808 1677

SecuriCare (Medical) Ltd, Cavell House, Knaves Beech Way,
Loudwater, High Wycombe, Bucks HP10 9QY.
Tel: 01628 850100 Fax: 01628 810839.
Email: info@securicaremedical.co.uk.
www.securicaremedical.co.uk.
PID 12256

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